

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12	I						62				
13	I						63				
14							64				
15							65				
16	I						66				
17							67				
18							68				
19	I						69				
20	I						70				
21	I						71				
22	I						72				
23	I						73				
24	I						74				
25	I						75				
26	I						76				
27	I						77				
28		I					78				
29	I						79				
30	I						80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

BEST AVAILABLE COPY